

2121

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Globe
District of _____
Town of _____
or _____
City of Globe
No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
State Index No. 179
County Registrar No. 498
Local Registrar No. _____

2. Full name of child Andrew John Batina
3. Sex of Child M
To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. Legitimate? Yes
6. Date of birth 6-24-24
Month day year

FATHER		MOTHER	
8. Full name <u>Mike Batina</u>	14. Full maiden name <u>Katie Pivovari</u>	9. Residence (Usual place of abode) <u>Globe</u>	15. Residence (Usual place of abode) <u>Globe</u>
10. Color or race <u>W.</u>	16. Color or race <u>W.</u>	11. Age at last birthday <u>38</u> (Years)	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Austria</u>	18. Birthplace (city or place) <u>Austria</u>	13. Occupation <u>Barber</u>	19. Occupation <u>Housewife</u>
20. Number of children of this mother (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was alive at 8 PM on the date above stated.
(Born alive or stillborn.)

Signature M. M. Montano
Address _____
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed JUL 8 1924 B. J. Gray
County Registrar.
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County Registrar.

121-624-273

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.